MINUTES OF JUNE 4, 2002
PARAMEDIC TASK FORCE MEETING
Holiday Inn,
Burbank

MEMBERS PRESENT	EMSA STAFF PRESENT	ALTERNATES PRESENT	MEMBERS ABSENT	ALTERNATES ABSENT
	Nancy Steiner	Terry Crammer	Dean Anderson	Linda Anderson
Darryl Cleveland		Mike Metro	Debbie Becker	Nancy Eubanks
Carol Gunter			Bill Bower	Nancy Justin
Sabina Imrie			Jim Holbrook	Dick Mayberry
Tom McGinnis			Bill Koenig	Linda Mulgrew
Jim Pointer			Kym Mitchell	Ray Navarro
Kevin White			Jan Ogar	David Nevins
			Kevin Rittger	Frank Pratt
Guests:	Deirdre Myles, Data Vision Group	Greg Guthrie, EMS Paramedic Coordinator, Glendale FD	Cheryl Smith	

I Setting of the Agenda

It was announced that Terry Crammer, Paramedic Program Director, from LA County Paramedic Training Institute will join the PTF as the alternate member for ETAP (Educational Technical Advisory Panel to the Commission on EMS).

There was a recommendation that the Authority contact some of the constituent groups, whose representatives have not attended the meetings regularly, advising them that they may want to appoint another representative to attend the meetings or that by their representative's absence they agree with the decisions being made by the PTF members in attendance. This was recommended to help avoid having to re-discuss items and decisions made by the PTF and to help keep the progress of the PTF moving forward. The members in attendance agreed with this recommendation.

II Review and approval of April 2, 2002 meeting minutes

Daryl Cleveland's name was added to the list of Members Present at the April 2, meeting, otherwise the minutes were approved as written.

III Review and Discuss Proposed Changes to Article 3 of the Paramedic Regulations

There was concern expressed about what would happen to students that are enrolled in a paramedic training program that does not obtain CoAEMSP accreditation within the timeframe specified in the regulations or that does not obtain accreditation at all. One director of a paramedic training program said that it will take approximately 2 to 2 ½ years for CoAEMSP to complete the accreditation process once the self study is submitted. It was suggested that the Authority contact CoAEMSP regarding the time lines for completing the accreditation process. It

was also suggested that the Authority send a directive to the training programs and the local EMS agencies advising them of the consequences of not obtaining accreditation within the time frame in regulations and how it will affect their students and that this information be posted on the Authority's website.

Section 100148 - Approved Training Programs

(e) There was some discussion on the section added to the regulations that an approved paramedic training program shall agree to participate in the EIP program of their approving authority. It was suggested that language also be added that a paramedic training program, which is conducting paramedic training outside the jurisdiction of their approving authority, must also participate in the EIP program of the local EMS agency where the paramedic training is being conducted.

Section 100149 - Teaching Staff

(c) The word "and" was added to the end of (c) (2) to clarify that the principal instructor must meet all of the qualifications listed in (c) (1)-(3).

(e)(4) The language of (B) under the preceptor training topics section was changed from Major field evaluations… to Conducting cumulative and final field evaluations… for clarification. Also all topics listed were revised to begin each topic listed with the same type of sentence structure. The same types of changes were also made under clinical preceptor training.

Section 100151 - Hospital Clinical Education and Training

There was some concern expressed that the new language being added requiring a student's clinical experience begins no later than one month after completion of the didactic portion was unrealistic. However, the PTF members present felt this language should remain and was supported by the paramedic training programs.

Section 100152 – Field Internship

Concern was expressed that new language being added requiring that at least half of the ALS patient contacts provide the full continuum of care from arrival on scene through release of the patient to a medical care facility would not be acceptable by some agencies but the PTF members present felt that this language was important and should remain and was supported by EMDAC.

Section 100158 – Student Eligibility

There was a lot of discussion on the language that was added requiring a student to have completed a college level anatomy and physiology course prior to entering a paramedic training program. Some felt the minimum training hours for paramedic training required in regulations should be increased to facilitate more training hours for A/P, as well as other didactic training hours, during the paramedic training rather that requiring it as a prerequisite. There was also a

suggestion that paramedic programs have the option of A/P prerequisites or an increased number of hours. Terry Crammer will bring this issue up with the Paramedic Program Directors for their input. There was also some discussion as to whether passing a college level basic math, English and reading comprehension exam should be required in regulations.

IV Review and Discuss June 4, 2002 Draft of EMS System Evaluation & Improvement Program Model Guidelines

SECTION I OVERVIEW

Purpose

The purpose statement was revised to clarify that this is a system model that includes all levels of EMS providers from the EMS Authority to local EMS agencies to provider agencies and their respective personnel throughout each system.

Background

The background statement was revised to clarify that the primary goal of each Evaluation and Improvement Program shall be to improve and/or ensure high continued quality of patient care. The next two paragraphs were deleted entirely. The PTF members didn't feel that a specific example was necessary at this point.

EMSSEIP Core Values and Concepts

It was suggested that this section, referencing the NHTSA Leadership Guide to Quality Improvement… and the 2001 Health Care Criteria… of the Baldrige Program, be removed from this section of the document and placed in the appendix. It was felt the regulations portion of the document would be clearer and that someone reading this document could go to the appendix for more detailed information. It was also recommended to put all appendices in the order in which they appear in the guidelines.

SECTION II ORGANIZATIONAL STRUCTURE

There were several minor changes throughout Section II for clarity and consistency which will be noted in the next draft.

SECTION III DATA COLLECTING AND REPORTING

A. Data Collection

This section was revised for clarity and to be more concise. After the first sentence, the three paragraphs were revised to the following sentence: "Identified important aspects of care should be monitored utilizing whatever reliable sources exist regardless of the possible complexity of

some aspects of care and/or the challenges associated with the collection of necessary data". The last sentence of each of the second two paragraphs were left as written.

Approach to Data System Development

It was suggested that language be included in this section which emphasizes that the approach to data system development recognize that an EIP is a dynamic, constantly changing entity.

Validity and Reliability

It was suggested that language be added that standardized definitions are critical to the success of the overall program. It was also suggested that the list of activities that are recommended prior to data system development be placed in the appendix.

B. Organizational Reporting

This section was revised to clarify who each of the four levels should report to and to reference the organizational structure flow chart in the appendix which shows the flow and exchange of information.

SECTION IV EVALUATION AND ACTION TO IMPROVE

Organization of Information

This section was revised to be more concise and to delete Interpersonal Communications and Patient Outcome from the list of indicators and add Customer Relations. It was felt that interpersonal communications should be under actions but not listed as an indicator. There was also some discussion on whether or not Patient Outcome should be listed as an indicator. Some PTF members felt that these regulations and guidelines don't have enough control over hospitals to require patient outcome information and that patient outcome does not necessarily indicate the quality of care.

V Schedule Next Meeting

The next meeting will be July 2, 2002 in Sacramento.

VI Adjournment

The meeting adjourned at 4:00 p.m.